

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
CLIENT MOVEMENT REPORT
DESIGNATED SCREENING

USTF PROJECT CODE: _____	REPORTING QUARTER: (CHECK ONE) JULY 1 TO SEPTEMBER 30 _____			
NAME OF AGENCY: _____	OCTOBER 1 TO DECEMBER 31 _____			
NAME OF PROGRAM: _____	JANUARY 1 TO MARCH 31 _____			
PERSON COMPLETING FORM/PHONE # _____	APRIL 1 TO JUNE 30 _____			
DATE SUBMITTED: _____				
CHECK AGENCY REPORTING QUARTER:	1. _____	2. _____	3. _____	4. _____

1. Duplicated count of Person served face-to-face by Screening Center. 1. _____
 - A. # Adults _____
(age 18 and above)
 - B. # Youth _____
(thru age 17)
2. Duplicated Count of Persons Served Face-to-Face by Screening Center who fall into the TARGET GROUP Categories listed below: 2. _____
 - Clients who were Discharged from State Hospitals and received Emergency Services within 30 Days of Discharge. _____
 - Clients who were Discharged from County Hospitals and received Emergency Services within 30 Days of Discharge. _____
 - Clients who were Discharged from a Short Term Care Facility/CCIS and received Emergency Services within 30 Days of Discharge. _____
 - Clients who were Discharged from "Other" Hospitals and received Emergency Services within 30 Days of Discharge. _____
3. Total number of clients referred voluntarily to an inpatient setting(s). 3. _____
 - A. # Adults _____
(age 18 and above)
 - B. # Youth _____
(thru age 17)
4. Total number of clients referred to Acute Care Services. 4. _____
 - # of adults (Crisis Housing, Acute Partial Care, Acute-In-Home Services Crisis Companions, etc.) _____
 - # of youth (Youth Acute Partial Care, Intensive In-Community Services, Mobile Response & Stabilization Program, etc.) _____

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5. Total number of clients referred to other community services 5. _____
- A. # of adults (Outpatient, PC, etc.) _____
- B. # of youth (Outpatient, Youth PC, CMO, YCM, Mobile Response and Stabilization Services, referral for other DCBHC services, etc. _____
6. Total number of clients screened and found appropriate for psychiatric hospitalization who were committed involuntarily to: 6. _____
- A. # of adults (to State or County psychiatric hospitals) _____
- B. # of youth (to private psychiatric hospitals) _____
7. Total number of clients screened and found appropriate for psychiatric hospitalization were served in: 7. _____
- A. # of adults (Short Term Care Facilities (STCFs)) _____
- B. # of youth (Children's Crisis Intervention Service units (CCISs)) _____
8. Total number of clients that utilized Extended Crisis Stabilization (Holding) beds. 8. _____
- A. # Adults _____
(age 18 and above)
- B. # Youth _____
(thru age 17)
9. Total number of Extended Crisis Stabilization (Holding) bed days provided. 9. _____
- A. # Adults _____
(age 18 and above)
- B. # Youth _____
(thru age 17)
10. Total number of other emergency bed days provided: 10. _____
- A. # Adults _____
(age 18 and above)
- B. # Youth _____
(thru age 17)

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11. Total number of staff face-to-face contacts with clients on-site. 11. _____
 A. # Adults _____ B. # Youth _____
 (age 18 and above) (thru age 17)
12. Total number of staff face-to-face contacts with clients off-site. 12. _____
 A. # Adults _____ B. # Youth _____
 (age 18 and above) (thru age 17)
13. Total number of staff face-to-face contacts provided by a psychiatrist. (Included in lines 9 and 10) 13. _____
 A. # Adults _____ B. # Youth _____
 (age 18 and above) (thru age 17)
14. Total number of staff face-to-face screening contacts delivered for adults and youth at the following locations: 14. _____
- A. Total face-to-face screening contacts for Adults by Mobile Outreach Team at: A. _____
- a. Hospital-Inpatient _____ d. Jail _____
- b. ES/ER _____ e. Nursing Home _____
- c. Community _____ f. Other _____
- B. Total face-to-face screening contacts for Youth by Screening Center Staff at: B. _____
- a. Hospital-Inpatient _____ d. Detention Center _____
- b. ES/ER _____ e. Out of Home Placement _____
- c. Community _____ f. Other _____

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15. Total number of staff face-to-face follow-up contacts delivered. 15. _____

A. # for adults delivered by Mobile Outreach Team. _____

B. # for youth delivered by Screening Center Staff. _____

16. Total number of clients who received medication follow-up visits. 16. _____

A. # Adults _____
(age 18 and above)

B. # Youth _____
(thru age 17)

17. Total number of staff face-to-face medication follow-up visits delivered. 17. _____

A. # Adults _____
(age 18 and above)

B. # Youth _____
(thru age 17)

18. Total number of crisis telephone contact with clients delivered. 18. _____

A. # Adults _____
(age 18 and above)

B. # Youth _____
(thru age 17)